



Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 28 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate Eugene S. Clarke
Address P.O. Box 373, Hollandale, MS 38748
Telephone 662-827-7261 Fax 662-827-7264
Contact Name Buck Clarke Email clarkeiv@bellsouth.net
Office Sought State Senator, District 22 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 14,129 ⁵⁰ + \$ 950 ⁰⁰ = \$	15,079 ⁵⁰ \$	15,079 ⁵⁰
Total amount of disbursements	\$ 4,041 ⁰⁹ + \$ 2,975 ⁰⁰ = \$	7,016 ⁰⁹ \$	7,016 ⁰⁹
Total amount of cash on hand	\$	27,588 ⁰⁹	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/28/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAG - PAC</u>	<u>11/15/10</u>	\$ <u>2,000⁰⁰</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2,000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>		
Full name <u>Mississippi Consumer Finance Association</u>	<u>7/15/10</u>	\$ <u>629⁵⁰</u>
Mailing Address <u>P.O. Box 24087</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>629⁵⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Health Management Associates PAC</u>	<u>12/22/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>2550 Flowood Dr. Ste 403</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Abbott Lab Employee PAC</u>	<u>11/22/10</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>4708 Hillside Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Knoxville, TN 37914</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi PAC</u>	<u>11/5/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>175 S. Capitol St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Companies</u>	<u>10/29/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>One Busch Place</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>St. Louis MO 63118</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altira Client Services, Inc</u>	<u>10/15/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>6601 W. Broad St.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Richmond, VA 23230</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Homecare</u>	<u>12/22/10</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>134 Fairmont St Ste B</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>	<u>12/17/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 61270</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>PCI Political Account</u>	<u>10/14/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>2600 S. River Rd.</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Des Plaines, IL 60018</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Bayer</u>	<u>8/14/10</u>	\$ <u>300⁰⁰</u>
Mailing Address	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Pittsburgh, PA 15205</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Baker Donelson Mississippi PAC</u>	<u>11/22/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 14167</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Co. LLC</u>		<u>12/22/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>St. Louis, MO 63105</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/22/10</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>135 N. Church St Spartanburg, SC 29306</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss LuPAC</u>		<u>4/1/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>P.O. Box 13649</u>		<u>12/13/10</u>	\$ <u>1,000⁰⁰</u>
City, State, Zip Code <u>Jackson, MS 39236</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>2,000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>8/30/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>Jackson, MS</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000⁰⁰</u>

Name of Candidate or Committee Engene S. Clarke
Reporting period 11/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly</u>		<u>9/2/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>✓</u>		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer, Inc</u>		<u>10/29/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>235 East 42nd St</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>New York, NY 10017</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Healthcare Services, Inc</u>		<u>10/29/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>P.O. Box 1459</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Minneapolis, MN 55440</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Eugene S. ClarkeReporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>Mississippi Step Up Program</u>		Date (Mo., Day, Year) <u>2/15/10</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address			
City, State, Zip Code <u>Indianola, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Youth Sponsor</u>		Aggregate Year-to-date	\$ <u>250⁰⁰</u>
B. Full name <u>Delta Radio Group</u>		Date (Mo., Day, Year) <u>5/10/10</u>	Amount of each disbursement this period \$ <u>225⁰⁰</u>
Mailing Address			
City, State, Zip Code <u>Greenville, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Radio Ads</u>		Aggregate Year-to-date	\$ <u>225⁰⁰</u>
C. Full name <u>Delta Cotton Belles</u>		Date (Mo., Day, Year) <u>8/31/10</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address			
City, State, Zip Code <u>Greenville, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Cancer Fund raiser Tennis</u>		Aggregate Year-to-date	\$ <u>250⁰⁰</u>
D. Full name <u>Steven Polizzo for Congress</u>		Date (Mo., Day, Year) <u>10/7/10</u>	Amount of each disbursement this period \$ <u>1,000⁰⁰</u>
Mailing Address			
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1,000⁰⁰</u>
E. Full name <u>Washington Co. Republican Party</u>		Date (Mo., Day, Year) <u>10/19/10</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address			
City, State, Zip Code <u>Greenville, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Rally Sponsor</u>		Aggregate Year-to-date	\$ <u>250⁰⁰</u>
F. Full name <u>Sunflower</u>		Date (Mo., Day, Year) <u> </u> / <u> </u> / <u> </u>	Amount of each disbursement this period \$ <u>536⁵⁹</u>
Mailing Address			
City, State, Zip Code <u>Hollandale, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Dave Hunt</u>		Aggregate Year-to-date	\$ <u>536⁵⁹</u>

Name of Candidate or Committee Eugene S. Clarke
Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>Hilton Hotel Consumer Finance</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>7/15/10</u>	\$ <u>629⁵⁰</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Expenses at Convention</u>		Aggregate Year-to-date	\$ <u>629⁵⁰</u>
B. Full name <u>Clark, Rudy B. & Co</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/30/10</u>	\$ <u>300⁰⁰</u>
City, State, Zip Code <u>Hollandale, MS 38748</u>		<u>11/29/10</u>	\$ <u>300⁰⁰</u>
Purpose of Disbursement (Optional) <u>Reimburse - telephone, clerical</u>		Aggregate Year-to-date	\$ <u>600⁰⁰</u>
C. Full name <u>Gospel Revue</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>4/15/10</u>	\$ <u>300⁰⁰</u>
City, State, Zip Code <u>Leland, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>		Aggregate Year-to-date	\$ <u>300⁰⁰</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$